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URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER of HEALTH.

TO the CHAIRMAN and MEMBERS of the COUNCIL

ACTING as the SANITARY AUTHORITY.

Wyndham House,

Ryde, I.W.

February, 1926.

Gentlemen,

Herewith I have the honour to present my Annual Report on the District and the work done during the year 1925.

Having occupied the post of your Medical Officer of Health since November 1901, this would be, under ordinary circumstances, the 25th Annual Report which I have submitted to you, but during my absence on Military Service in the years 1916, 1917 and 1918 these Reports were prepared and submitted by my partner, Dr. Mackenzie, and, therefore, this will be the 22nd Report prepared and submitted by me, and in view of the new arrangements which have been made, by which the duties of M.O.H. will be carried out by a whole time M.O., in conjunction with other Sanitary Authorities, it is with personal regret that it will be my last Report, although at the same time I can only congratulate your Council on the step which has been taken, which cannot I think fail to be of great benefit eventually to the Sanitary Administration of the District.

As this is the last time that I shall have the honour of



addressing you as your M.O.H. I should like to take the opportunity of expressing my sincere thanks for the courtesy which has been practically invariably shewn to me by the members of the Council, both collectively and individually, and of saying that what work I have been able to do in the District as a part time M.O.H. has been rendered all the more pleasant by the feeling that, as far as lay in their power, I should always have their support, and also the co-operation of their officials with whom my relations have always been most cordial and to whom also I beg to express my sincere thanks, together with my personal regret in my severance from them.

In accordance with the terms of Circular 648, (England) issued by the Ministry of Health, the Annual Report for 1925 is to be a Survey Report dealing with progress during the last Five years, but the Circular states in a Note that the elaborate details of a Report upon a large town will not be necessary for a Report upon a small Urban or Rural District, and as, therefore, in a small Urban District such as St. Helens there cannot be any very great or material change or progress in the improvement of the public health, or the public health services, this Report will vary very little from what would be an ordinary Annual Report, and I shall therefore proceed to make it under the headings set out in the Appendix to the Circular in the order there given.

1. NATURAL and SOCIAL CONDITIONS of the AREA.

Area (in acres) ... 1941

Population, Census 1921 = 4871
Estimated 1925 = 5126

Physical features and general character of the Area:-

The Urban District of St. Helens occupies a tract of land on the North East corner of the Isle of Wight, bordered on the North and partly on the East by the sea, the remaining borders being the boundaries of the contiguous Boro' of Ryde on the West and the Rural District on the South.

The land is of an undulating character, and those portions not occupied by villages and that contiguous to the Boro' of Ryde is mainly pasture land, small portions being arable. The most elevated portions of the District, viz. St. John's and Elmfield, which are contiguous to the Boro' of Ryde, are about 200 feet above sea level.

The large majority of the houses in the district are of the cottage and small villa type, but there are a few large mansions scattered about the district which stand in their own grounds, and in the St. John's sub-district contiguous to the borough of Ryde there is a group of large houses, enclosing a large garden common to all of them, known as St. John's Park, which at one time was regarded as a fashionable part of Ryde, but of late years, and especially since the Great War, many of these houses have been vacated, bought up by speculators and turned into flats.

Number of inhabited houses (1921)

This may be estimated as about 1400.

Number of families or separate occupiers (1921)

There are no figures available.

Rateable Value:- Agricultural Land £2482 - Buildings £29,300

Sum represented by a penny rate = £115.

Social conditions, including the chief occupations of the inhabitants and the influence of any particular occupation on public health:

On the whole the social condition of the District is one of fair prosperity.

The chief occupations of the inhabitants, especially of the sub-districts of Sea View, Nettlestone and St. Helens Village are sea-faring and the letting of lodgings to the large number of visitors who come to those places during the summer months, and naturally the occupation of sea-faring is a healthy one and so far contributes to the good health of the district.

VITAL STATISTICS:

Births

These numbered for 1925 84 - an increase of 14
as compared with 1924

Male 41, Female 43

The total number of Births for the Five years ending
31st December 1925 was 384 giving an average
of 76.8

The Birth Rate for the year 1925:

The population being estimated as 5126 = 16.83, an
increase of 3.53 as compared with 1924, as against the Rate
for England and Wales which is 18.3.

Deaths.

The total for 1925 was 57

An increase of 4 as compared with 1924.

Death Rate.

The population being estimated as 5126 the Death Rate
per 1000 = 11.11

An increase of 1.04 as compared with 1924 and a decrease

of 1.1 as compared with England and Wales which is 12.2.

The total number of Deaths in the District during the Five years = 272, giving an average of 54.4

THE AMOUNT of POOR LAW RELIEF:

As I have previously stated the social condition of the inhabitants of the District is one of fair prosperity. The standard of living amongst the labouring classes which, as I stated in my Annual Report for 1921, had materially improved during the Great War, has not deteriorated to any material extent during the last five years, and, as far as I am aware, the amount of poor law relief has not materially increased. In the course of my daily practice I am brought into touch with the working classes in connection with National Health Insured patients, Dispensary and Hospital patients, and from what I have seen of them in their own homes and of their mode of dress and living I am confident that the large majority neither need, nor apply for, Poor Law Relief - As in all other parts of the Country, so in the Urban District of St. Helens, there has been the incidence of unemployment, but the unemployment dole must have prevented, in a large number of cases, any application for relief.

The hospitals available for the use of the inhabitants of the District are (1) The Joint Isolation Hospital situated near Newport, I.W. and (2) The Royal Isle of Wight County Hospital situated in Ryde, I.W.

The majority of the cases of Scarlet Fever and Diphtheria occurring in the District are transferred to the Isolation Hospital.

The County Hospital is made large use of by the inhabitants for medical and surgical cases and particularly in the special

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departments for diseases of the eyes, ears, throat and nose, and also the Electrical department.

No specially noteworthy cause of sickness or invalidity has occurred in the District during the last five years, and I am not aware of any conditions of occupation or environment which have had a prejudicial effect upon health.

GENERAL PROVISION of HEALTH SERVICES in the AREA.

1. Hospitals provided or subsidised by the Local Authority or by the County Council.

There are no hospitals of any kind in the area.

The following hospitals are available for the area:-

1. Tuberculosis.

- a. Longford House Sanatorium, situated at Haven Street near Ryde, supported wholly by the County Council and contributions by patients.
- b. Whitwell Sanatorium, situated near Niton on the South side of the Island supported partly by the County Council.
- c. The National Hospital for Consumption, situated at St. Lawrence near Ventnor, subsidised by the County Council.

2. Maternity.

The Hostel for Ailing Children, situate in Ryde, is also used as a Maternity Hospital, and is available for use by the inhabitants of the District on small payment.

3. Children.

A wing of the Royal Isle of Wight County Hospital, erected in commemoration of Her Late Majesty, Queen Victoria's Diamond Jubilee, containing 12 beds and 2 cots, is available free for children of the District for both medical and surgical cases.

4. Fever.

The Joint Isolation Hospital, situate at Fairlee, near Newport, I.W., supported by the Rural District Council, Newport Boro' Council, East Cowes District Council and St. Helens Urban District Council, is available for cases of Scarlet Fever, Diphtheria and, under certain circumstances, Enteric Fever and Encephalitis Lethargica. It was created about 15 years ago, has ample accommodation and is capable of expansion if necessary.

Cases of Enteric Fever and Encephalitis Lethargica are also received in the wards of the Royal Isle of Wight County Hospital situate in Ryde.

5. Small Pox.

There is no proper hospital in the Island for the treatment of cases of Small Pox, but a number of cases which occurred in consequence of an outbreak in Cowes in 1921 were transferred to an old disused Elementary School at Asheys, near Ryde, and I believe that this is available for any case which might occur in the District as an adjunct to the Joint Isolation Hospital. There is accommodation for about 12 patients in the building and land available for marquee accommodation.

6. Other.

The Royal Isle of Wight County Hospital, situate in Ryde, is available for medical and surgical cases from the District.

It contains 70 beds and has special departments for diseases of the eye, ear, nose, throat and for X-Ray and Electrical treatment.

There is no Institutional Provision for unmarried mothers, illegitimate infants or homeless children in the area, but these can all be received and treated for small payment at the Hostel for Ailing Children previously mentioned.

AMBULANCE FACILITIES.

a. For Infectious Cases

A motor Ambulance belonging to the Joint Isolation Hospital is available for the conveyance of patients to the hospital and the carriage of bed and bedding for disinfection.

b. For non-infectious Cases and accidents.

A Motor Ambulance belonging to the Royal Isle of Wight County Hospital is available free for the conveyance of cases to that institution and also under other circumstances for payment according to mileage.

CLINICS and TREATMENT CENTRES.

MATERNITY and CHILD WELFARE

In the contiguous Boro' of Ryde a Maternity and Child Welfare Centre has been established for some years by the Ryde District Nursing Association. A medical man is in attendance once weekly for the purpose of consultation and treatment, and the centre is made considerable use of by mothers in the sub-districts of Oakfield and Elmfield.

DAY NURSERIES. None.

SCHOOL CLINICS.

These are conducted at the Elementary Schools in the District by the County Council Schools Medical Officer.

TUBERCULOSIS DISPENSARIES. None.

TREATMENT CENTRES for VENEREAL DISEASES.

This is conducted once weekly at the Clinic established by the I.W. County Council at the Royal Isle of Wight County Hospital at Ryde.

PUBLIC HEALTH OFFICERS of the LOCAL AUTHORITY.

1. Medical Officer of Health. 1 Part time.

Salary contributed to under Public Health Acts.

2. Sanitary Inspector (and Surveyor) 1 Whole time.

There is no Food Inspector, Health Visitor or Nurse employed by the Council.

PROFESSIONAL NURSING in the HOME.

None is provided for either wholly or partly by the Council.

The Ryde District Nursing Association, staffed by Queen Victoria's Diamond Jubilee Nurses, carries out excellent work in General cases in the Oakfield and Elmfield Districts, and a Queen Victoria's Nurse is also established in Nettlestone and Sea View and one in St. Helen's village for the same work, and they also give valuable help in cases of Non-notifiable Infectious Disease.

MIDWIVES:

There has not been during the last five years, nor at any other time, any subsidy to or employment of midwives by the Local Authority.

There are 5 Queen Victoria Jubilee Nurses practising midwifery in the District, of whom 3 are employed by the Ryde District Nursing Association, which caters for the sub-districts of Oakfield and Elmfield, and 2 are employed by the I.W. County Nursing Association, one for the sub-district of Nettlestone and Sea View, and the other for St. Helen's Village.

One Certified Midwife practices privately in the sub-districts of Oakfield and Elmfield.

The work of all these midwives is carried out very efficiently and the large majority of confinements amongst the working classes are attended solely by them, qualified doctors only

occasionally being called in in cases of difficulty.

CHEMICAL WORK.

The practitioners in the District are empowered to send swabs, etc., for Bacteriological Examination to the Clinical Research Association, and also, if a specially rapid report is necessary, to the Pathologist of the Royal Isle of Wight County Hospital, free of cost to those unable to pay.

There is no Public Analyst for the District, but for Water Analysis I am empowered to send samples when necessary to Mr. Evelyn Pollard, a highly qualified chemist carrying on business in the Boro' of Ryde.

The results of the work done have always been satisfactory.

LEGISLATION in FORCE.

The general Adoptive Acts, bye-laws and regulations relating to the public health in the District are as follows:-

INFECTIOUS DISEASES ACT.

Sections: 1, 2, 4, 5, 6, 7, 10, 11, 13, 14, 16, 17, 18,
20, 21, 24.

Public Health Amendment Acts, 1890.

Parts: 1, 2, 3 and 4.

Public Health Amendment Act, 1907.

Part ii, Sections 15 to 25 and 27 to 33.

Part iii, the Whole.

Part iv, Sections 52 to 66.

Part vii, Section 81 to 82.

Part viii, the Whole.

Part x, Sections 92, 93 and 95.

SANITARY CIRCUMSTANCES of the AREA.WATER SUPPLY.

This is derived from the Boro' of Ryde Water Works at Ashey and under ordinary circumstances is constant and sufficient in supply and of excellent quality, though somewhat hard.

In my Annual Report for the year 1921 I drew attention to the great drain upon the supply which had taken place, especially in the sub-districts of Nettlestone, Sea View and St. Helen's Village, during the prolonged and very hot and dry summer of that year and during which the District had to be cut off supply for certain hours during the nights, and I also drew attention to the fact that, owing to this great drain on the supply and the depletions of the wells at Ashey, the water could not be kept long enough in the filter beds with the result that frequent complaints were received of its unappetising appearance which was due to the presence of Oxide of Iron. Since that year a larger main has been laid down for the District and more powerful machinery at the Water Works, and as there has been no very hot or dry summer no complaints have been received as regards the supply, but during the last 18 months borings for further supply have been in progress at the Water Works at Ashey, and complaints have been frequent concerning the quality, which, however, has not been deleterious, but chalky deposit and the presence of Oxide of Iron have caused the supply to be slightly opaque and tinged a dirty yellow. In the latter months of the year the quality improved greatly, the chalky deposit and the yellow tinge disappearing, and I have every reason to believe that the purity is unimpeachable. The Water Committee of the Ryde Corporation assures the public that fresh supplies have been tapped in their borings, and that in future there will be an ample supply of pure water in the area catered for.

The very large majority of the dwelling houses in the Dis-

trict are directly connected with the water main, but there are a few outlying cottages supplied by surface wells, the water from which I am led to believe is of good quality in view of the fact that at no time during the five years in review have any cases of disease occurred in these cottages which could be attributed to impure water.

A new 5" main is to be laid for the supply to Nettlestone, so that a full supply from the present 3" main will go direct to St. Helen's Village, where at times there has been shortage.

RIVERS and STREAMS.

There are none in the District.

DRAINAGE and SEWERAGE.

This is generally of good character and sufficient. During the five years in review about 1500 yards of new 12" sewers have been laid and some improvements to old drains have been effected, more especially as regards outfall pipes which in places were sunk and in bad condition, and at St. Helen's Village for the better distribution of the liquid over the land.

The drainage of a few dwellings in the District is into cess pits, and in some cases the material is utilised by the owners on the land.

In the Western parts of the District, viz: St. John's, Apley, Oakfield, Elmfield, Spring Vale and Sea View sewage is carried out to sea, and the sewage at St. Helens is partly distributed over the marshes and partly carried out to sea.

CLOSET ACCOMMODATION.

The very large majority of the closets in the District are on the water carriage system and are provided with flush cisterns, but there are a good number in the poorer parts which are not supplied with the latter. As I have previously stated in my Annual Reports, the complaint of the landlords of this class of

property when the matter is brought to their notice is that the flush cisterns are frequently badly treated by the tenants and their children, and consequently it is difficult to persuade them to supply flush cisterns; this complaint is doubtless true to a certain extent, but many of the flush cisterns which I have myself inspected and tested are of a very cheap pattern and would easily get out of order however carefully used.

A few outlying cottages are provided with ash closets.

SCAVENGING.

Collection and removal of house refuse is carried out once weekly over the whole district, in the East Ward by direct labour and in the West Ward by contract. A lorry with covered tipping box body, having a capacity of 5 cubic yards, is used for the purpose. I have had no complaint during the year 1925 of the neglect to collect house refuse.

There is no arrangement for the cleaning of ash closets, but cesspools are cleared out by the Council's employees when in a place which is accessible to a manure cart.

During the year 1925 the Council has acquired two pieces of land for refuse tips, one at Oakfield for the West Ward and one at Nettlestone for the East, and these tips have been in use for the last six months and no complaints have been received with regard to them. Precautions are taken to cover down refuse as soon as it is tipped.

No figures are available as regards the substitution of moveable ash-bins with proper covering for fixed receptacles, but there is a large number of them used in the District.

SANITARY INSPECTION of the AREA.

All premises where an outbreak of Notifiable Infectious Disease has occurred have been visited and inspected by me, but only in one case have I found that serious insanitary conditions

were present. This was in the sub-district of Oakfield where a case of Enteric Fever occurred late in August. These premises had been, on more than one occasion previously, adversely reported on to the owner, but nothing had been done to make them more sanitary. On enquiry of the agent I found that they had just been sold, and representations were made to the new owner that they must be put into habitable and sanitary condition, and this has now been done.

Being informed that some premises in the sub-district of Spring Vale were being kept by the tenant in an insanitary condition in September, I visited them in company with the Sanitary Inspector with a view to inspection, but was refused admittance by the tenant.

The Bakehouses, Dairies, Cowsheds and Piggeries have been visited and inspected from time to time, and have been found generally in fair condition. Lime-washing in the Bakehouses, Dairies and Cowsheds has been duly carried out.

There is only one Slaughter House in the District, viz: at St. Helen's Village, which is not in a very satisfactory condition, but a very small amount of slaughtering is carried out in it.

There is one Common Lodging House in the District situate in Oakfield. It has been several times visited by me and by the Sanitary Inspector and is kept in fair condition but, as I have previously stated in my Annual Reports, it harbours an undesirable and dirty class of persons, and I should be glad to see it closed down. It is kept under observation also by the Police Inspector who was appointed by the Council for that purpose.

SMOKE ABATEMENT.

Only one complaint has been received of smoke nuisance during the year. This arose from the Vectis Steam Laundry chimney giving off large volumes of smoke, which, in certain conditions of wind, was objectionable to neighbouring premises.

The Laundry Company has now taken steps which it is hoped will prevent this in future.

PREMISES and OCCUPATIONS which can be CONTROLLED by BYE-LAWS or REGULATIONS.

These consist of the only Factory in the District, viz:
The Vectis Steam Laundry.

This has been regularly inspected and found in good condition from a Sanitary point of view, and the only action which has been taken with regard to it has been that mentioned in the foregoing paragraph.

No action has been taken, or needed, in regard to houses let in lodgings, and there are no offensive trades in the District.

OTHER SANITARY CONDITIONS REQUIRING NOTICE.

There has been no specially important matter of sanitary environment which has received attention during the last five years. I am still of opinion, however, that the Sanitary Administration of the District would benefit considerably by the appointment of a Sanitary Inspector as apart from the office of Surveyor. The manifold duties of the latter office make it extremely difficult, if not almost impossible, for the duties of the Sanitary Inspector to be carried out efficiently, more especially as regards the following up of instructions to landlords in the matter of remedying sanitary defects, and, moreover, they prevent the close touch in which the Sanitary Inspector should be with the Medical Officer of Health. Under the new arrangement I cannot help feeling that this latter will be more manifest than during my term of office as a Part-time M.O., and I can only reiterate the hope that the Council will see their way to make the office of Sanitary Inspector a whole time one.

SCHOOLS.

The sanitary condition and water supply of the public elementary schools in the District is good.

Any action taken in relation to the health of the scholars and for preventing the spread of Infectious Disease lies in the hands of the County Council Schools Medical Officer.

THE SANITARY INSPECTOR'S TABULAR STATEMENT.

Houses disinfected after Infectious Diseases	14
" " " Other Diseases	7
New Drains laid and tested	28
Old Drains taken up and relaid	8
New Sewers laid	2
Old Sewer relaid	1
Choked Drains cleared	13
Defective gullies	7
Dirty condition of dwellings	3
Premises without sufficient drainage	1
Defective W.C. Pans	3
Defective W.C. buildings	6
Defective Urinal	1
Cess pits over-flowing	1
Overcrowding	2
Defective roofs to dwellings	11
Defective scullery wastes	3
Unfit premises used for sleeping accommodation	1
Accumulations of Refuse	4
Accumulations of Manure	5
Fowls kept in a dirty condition	3
Dirty Bakehouses	3
Dirty Cowstalls	4
Dirty Slaughter House	1
Pigs kept in dirty state	2
Pig styres without proper drainage	4
Defective flush to W.C.'s	15

HOUSING.I. General Housing Conditions in the Area:

Having consideration for the type of houses which predominate in the area, viz: the small villa and cottage, the general conditions existing are very fair. Many of the cottages are very old and very little has been done to them during the last 25 years to improve their general condition, although the large majority of them have been provided with constant water supply either inside or by stand pipes outside,

and with flush cisterns to the W.C's, and the roofs have been kept in fair condition.

There is a shortage of cottages for the working classes.

2. (a) Extent of shortage.

This is only of a slight nature

(b) Measures taken or contemplated to meet shortage:

The Council has under consideration a scheme for the erection of 18 cottages.

3. There has been no important change in the population during the last five years, and none is anticipated in the future.

II. OVERCROWDING.

There is a limited amount of overcrowding in the poorer parts of the District, partly owing to the shortage of cottages and partly owing to the inability of the working classes to pay the rent of larger premises, even if the latter were available.

Only two cases of overcrowding have had to be dealt with during the year. One of these has been remedied, and the other will be remedied as soon as it is possible for the tenants to find larger premises. With the shortage that exists this is the great difficulty experienced in dealing with any overcrowding.

III. FITNESS of HOUSES.

1. (a) General Standard of housing in the area.

This has been dealt with under General Housing Conditions.

(b) General character of defects found in unfit houses:

These consist mainly in leaky roofs, damp walls, broken and defective eaves gutters and stack pipes, defective and inadequate paving to yards and passages, old bell traps to drains, defective floors, dirty walls and ceilings to living rooms and sculleries.

(c) How far defects are due to lack of proper management and supervision of the owners or neglect by tenants:

As I have stated in previous Annual Reports a considerable portion of the small cottage property in the District is owned by persons of small means, and certainly during the last five years, owing to the high cost of labour and materials, it has been difficult in many cases for the owners to find the money to affect necessary repairs, but in some cases undoubtedly the owners are unwilling to properly supervise their property and frequently urge as an excuse for not doing so that their property is improperly used by the tenants, and in some cases this is certainly true, for I have noticed during my inspections that there is great variation in the way cottages are kept by the tenants, even when the income earned by them and the number of persons occupying adjoining cottages is approximately identical.

2. General Action taken as regards unfit houses:

Preliminary Notice to effect repairs followed by
Statutory Notice if necessary.

3. One great difficulty found in the getting of unfitness of houses remedied lies in the fact that the Sanitary Inspector occupies the office of Surveyor also and has not the time to persistently follow up notices which are issued and see that instructions are carried out.

Other difficulties are the impecuniosity of the owners, their unwillingness to spend money on repairs, the high cost of labour and materials and the knowledge of the owners that it is practically impossible to even threaten to compulsorily close premises because of the shortage of housing.

Until such time as the shortage is remedied it is impossible to take any special measures, or to suggest any, to secure improved management of property by owners or better care on the part of the tenants.

There are no back to back houses in the District.

4. This paragraph has already been dealt with under the heading of Sanitary Circumstances of the Area.

IV. UNHEALTHY AREAS

It cannot be said that there are any unhealthy areas in the District.

V. As far as I am aware the working of existing bye-laws proceeds smoothly, and I do not know of the necessity of any new bye-laws or the revision of the old.

VI. GENERAL and MISCELLANEOUS.

I have no remarks to make under this heading.

HOUSING STATISTICS for the YEAR 1925.

Number of New Houses erected:

a. Total	23
b. With State Assistance	19

1. Unfit dwellings:

Inspection.

1. Total Inspected for defects	121
2. Number inspected and recorded under the Housing Regulations 1910 and 1925	45
3. Number found to be dangerous or unfit for habitation	1
4. Number found not in all respects fit for human habitation	39

2. Remedy of Defects without Formal Notice:

Number of houses rendered fit	44
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3. Action under Statutory Powers.

A. Proceedings under Section 3 of the Housing Act 1925.

- | | |
|---|------|
| 1. Number of houses in respect of which notices were served requiring repairs | 16. |
| 2. Number of houses rendered fit after formal notice | |
| a. by owners | 4 |
| b. By Local Authority in default of owners | Nil. |
| 3. Number of dwelling houses in respect of which Closing orders became operative in pursuance of declarations of owners | Nil. |

B. Proceedings under Public Health Act.

- | | |
|---|------|
| 1. Number of dwellings served with notices requiring defects to be remedied | 4 |
| 2. Number of dwellings in which defects were remedied after formal notice | |
| a. By owners | 4 |
| b. By Local Authority | Nil. |

C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

- | | |
|---|-------|
| 1. Number of representations made with a view to the making of Closing Orders | 1 |
| 2. Number of dwelling houses in respect of which Closing Orders were made | Nil. |
| 3. Closing orders determined |) |
| 4. Demolition orders made |) Nil |
| 5. Demolition carried out after order |) |

INSPECTION and SUPERVISION of FOOD.

a. MILK SUPPLY.

This is adequate in quantity and excellent in quality, and is produced entirely in the District and neighbourhood.

The fact that, during the whole of my 25 years of office, there has been no incidence of disease in the District which could be in any way attributed to impure milk supply is, in my

opinion, sufficiently strong evidence of the purity of the supply.

No action has had to be taken as regards tuberculous milk or tuberculous cattle.

No samples of milk have been subjected to bacteriological examination.

b. MEAT.

There is no Food Inspector and there are therefore no special arrangements for inspection at the time of slaughter, administration of the Public Health (Meat) Regulations 1924 as regards stalls, shops, &c., or for the management of slaughter houses.

There has only been one private slaughter house in the District during the last five years.

Any question with regard to possibly diseased meat during the last five years has been placed in my hands to deal with, and on two occasions I have ordered the destruction of portions of carcasses.

c. OTHER FOODS.

There is no food inspector and I have received no complaints about unsound food, and no case of food poisoning has come to my notice.

No action has been taken under the Public Health (Condensed Milk) Regulations 1923, or the Public Health (Dried Milk) Regulations 1923.

PREVALENCE OF and CONTROL OVER INFECTIOUS DISEASES.

The prevalence of Infectious Disease since 1920 has been slight.

Scarlet Fever	40 cases notified	Deaths	Nil.
Diphtheria	4 " "	"	"
Enteric Fever	8 " "	"	"
Puerperal Fever	1 " "	"	1
Pneumonia	4 " "	"	8
Erysipelas	1 " "	"	Nil
<hr/>			
Total	58 " "	Total Deaths	9
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Average p.a. 11.6

Average 1.8

There are no noteworthy facts to be recorded as to the source or spread of infection.

Diphtheria antitoxin is supplied free of cost where the patients are unable to pay for it, and it has been promptly used in all the cases which have occurred and also for contacts.

No cases of Encephalitis Lethargica have been notified, and I have had no "return" cases of Scarlet Fever come under my notice.

It will be noticed that 8 deaths occurred due to Pneumonia but that only 4 cases were notified.

No cases of Malaria, Dysentery or Trench Fever have been notified.

In a previous part of my report I have stated that arrangements are made for swabs &c., to be sent to the Clinical Research Association for Bacteriological examination.

In all notified cases of Infectious Disease I take action to discover contacts, to arrange for the removal of the patient to the Isolation Hospital in cases of Scarlet Fever, Diphtheria and Enteric Fever when necessary, and I also arrange for the disinfection of the rooms occupied by the patients to be carried out as soon as possible by the Sanitary Inspector.

As far as I am aware no use has been made of the Sehack and Dick tests or of the recently developed artificial methods of

immunization from Scarlet Fever and Diphtheria.

No primary vaccinations or revaccinations under the Public Health (Small Pox Prevention) Regulations 1917 have been made by me.

NOTIFIABLE DISEASES (other than Tuberculosis) DURING 1925.

Disease	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Small Pox	Nil	Nil	Nil
Scarlet Fever	11	9	Nil
Diphtheria	2	2	Nil
Enteric Fever	1	1	Nil
Puerperal Fever	Nil	Nil	Nil
Pneumonia	Nil	Nil	3

TUBERCULOSIS.

Age Periods	New Cases.				Deaths.			
	Pulmonary		Non Pulmonary		Pulmonary		Non Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0								
1								
5								
10			1					
15		1				1		
20		1						
25	1	2			1			
35								
45		2						
55		1				1		
65								
and upwards	1							
Totals	2	7	1	Nil	1	2	Nil	Nil

The Registrar General's figures as regards deaths in the area during 1925 from Tuberculosis are: Male 2, Females 3, as compared with the returns of the local Registrar of Deaths which are Males 1, Females 2

I am unable to explain this.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action has been taken under these or under the Public Health Act, 1925, Section 62, which relates to orders for compulsory removal of cases to hospital.

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths is as 2 is to 3, or, according to the Registrar General's figures, as 2 is to 5.

In my annual report for 1922 I expressed the opinion that cases of Tuberculosis in the District were not notified as they should be, and that the medical practitioners of the District should be notified of this. A letter was sent out by the Council and since then the notification of cases has been distinctly more efficient, but I am still of opinion that all cases are not notified, though not from wilful neglect or refusal but from inadvertence.

MATERNITY and CHILD WELFARE.

In a previous part of this report I have mentioned that, in the contiguous Boro' of Ryde, a Centre has been established for some years which has been made considerable use of by mothers in the sub-districts of Oakfield and Elmfield. There is, however, no Centre which can be made use of by mothers in the Eastern part of the District.

The incidence of puerperal fever, ophthalmia neonatorum, epidemic diarrhoea, polis-myelitis is practically nil in the District.

No cases of Ophthalmia Neonatorum have been notified in the District.

I have now dealt with all the Headings in the appendix to Circular 648 set out in the order there given.

I am, Gentlemen, Your obedient Servant,

Lionel L. Bristow

